



PATIENT

Max Kushlick

PRESENTING CLINICAL SIGNS

Presented for a left facial/orbital swelling which has partially responded to tx with antibiotics and steroids. Once steroids are tapered down the swelling returns. Appears to be in discomfort when opens his mouth.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Normal

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & THORAX

Plain and post contrast studies of the head and post contrast study of the thorax available for review.

BREED

Lab Retriever

COMPUTED TOMOGRAPHIC FINDINGS

Head

SEX

MN

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

AGE

10

A mild amount of fluid attenuating material and mild mucosal swelling are seen within the left frontal sinus. Both nasal cavities present within normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses present within normal limits.

HOSPITAL NAME

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An elongated ill-defined cavitory lesion of approximately 6.0 x 2.0 cm is seen in the left retrobulbar and retromolar spaces. The lesion center contains fluid attenuating contrast negative material. Thick peripheral septations with strong contrast enhancement are seen as well as peripheral fat stranding and moderate retromolar soft tissue swelling. The superficial soft tissue swelling extends around the upper and lower lid and between the eyes.

REFERRING VET

Dr. Runde

The left medial retropharyngeal and submandibular lymph nodes present mild symmetric enlargement with maintained short to long axis ratios and contrast enhancement pattern.

The salivary glands present within normal limits.

The visible dentition is within normal limits.

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Thorax

Multiple mild to moderate spondyloses are present within the caudal thoracic spine.

DATE

12-1-21

A small intermuscular lipoma is seen in the left pectoralis region. A large subcutaneous lipoma is present in the right lateral thoracic wall.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a

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normal short-to-long-axis-ratio is < 0.5 , the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

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The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

BREED

Lab Retriever

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

COMPUTED TOMOGRAPHIC DIAGNOSIS**SEX**

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- Left sided retrobulbar abscess with peripheral cellulitis and exophthalmos.
- Left sided medial retropharyngeal and submandibular lymphadenomegaly.
- Lipomas.
- Spondyloses.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are highly suggestive for a left sided retrobulbar abscess with peripheral cellulitis. No evidence of foreign material is seen; however, foreign material related etiology is considered likely. The possibility of a tumor with central tumoral necrosis cannot be ruled out entirely as a differential diagnosis. However, this is thought highly unlikely based on the CT findings and abscess drainage as well as tissue sampling should be considered.

The lymph node changes are compatible with reactive hyperplasia. Fine needle aspiration could be considered for further verification.

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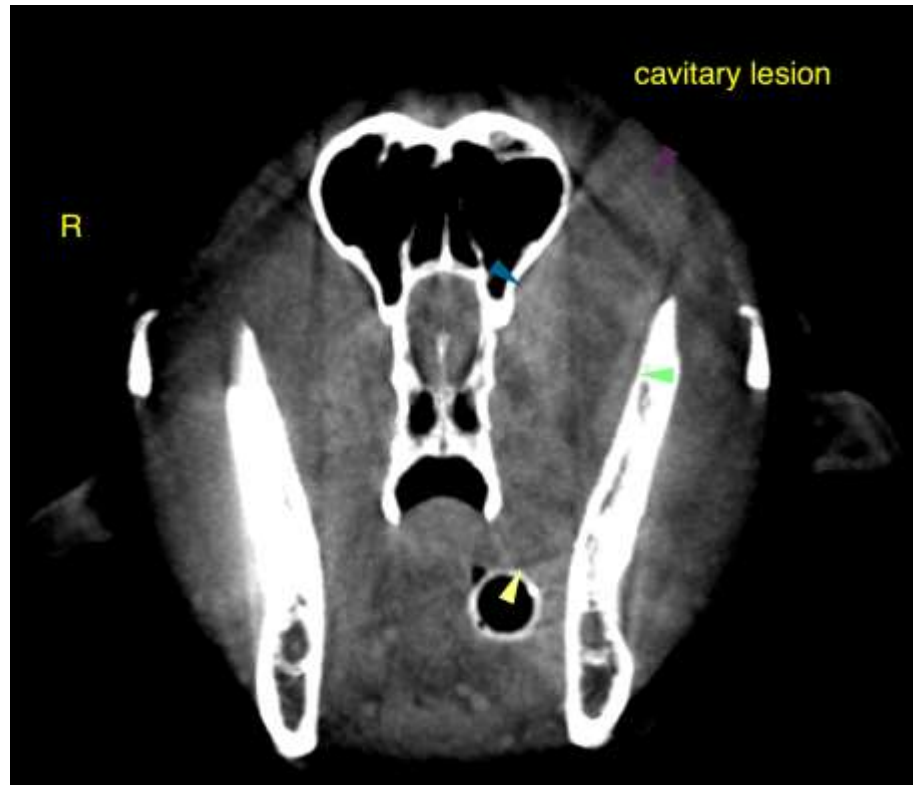
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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